State of West Virginia Electioneering Communications and Last Minute Independent Expenditure Form

ore is spent on "electioneering communications" as detailed in WV Code §3-8-2b.

	ent on "electione	ering communications" within 15 days of an election.)	
Name of person making expenditure W Buil	ding (ustruction Trades JAC	
Name of the individual in control of the expenditur		vid Ctaw	
Email address Cavectau Cwvsht. 0/3 Telephone 304-346-1367			
Name of the custodian of the books			
Principal place of business and address (Only if the	e person makii	ng the expenditure is not an individual)	
	, —	re than \$1,000 (as required by WV Code §3-8-2b)	
Refers to: (candidate name)	Kleny	a)	
Paid to The Phillips Growy	2 - /	- (/2	
Amount of expenditure 6534.62	Date the expe	nditure was made <u>0 -6 -10</u>	
Election year 2010	Made within	(check one):	
30 days prior to the Primary Election		60 days prior to the General Election	
Refers to: (candidate name)	Walk		
Paid to The Phillips Grav			
Amount of expenditure 40140164	Date the expe	nditure was made _5-6-10	
Election year	Made within	(check one):	
30 days prior to the Primary Election		60 days prior to the General Election	
Refers to: (candidate name)	<u> </u>		
Paid to			
Amount of expenditure	Date the exp	enditure was made	
Election year	Made within	(check one):	
30 days prior to the Primary Election		60 days prior to the General Election	
Refers to: (candidate name)	, , , , , , , , , , , , , , , , , , , ,		
Paid to			
Amount of expenditure		enditure was made	
Election year	Made within	(check one):	
30 days prior to the Primary Election		60 days prior to the General Election	

Contributors totaling more than \$1,000 from the previous calendar year to date (as required by West Virginia Code §3-8-2b)

	Date the contributor exceeded \$250	
•		
	State and Zip Code:	
Name of contributorOccupation of contributor (if applicable):	Date the contributor exceeded \$250	
Value of the contribution	Description of contribution	
	State and Zip Code:	
Occupation of contributor (if applicable):	Date the contributor exceeded \$250	
	_ Description of contribution	
Address: S	State and Zip Code:	
Occupation of contributor (if applicable):	Date the contributor exceeded \$250	
	_ Description of contribution	
Address:S	State and Zip Code:	
OAT	THORAFFIRMATION	
to the best of my knowledge, for all financial transactions of	swear or affirm that the attached statement is true and correct occurring within the period covered by this statement.	
Office Use Only Signs	ature A C	
FO : P MA F- YAH DIOS	Date <u>5-6</u> , 20\$ 10	
This form	n must be <u>received</u> in the Secretary of State's Office he close of business to be accepted on that date.	